

ABSTRACT

TITLE OF THE ABSTRACT: “EFFICACY OF POST OPERATIVE PAIN MANAGEMENT FOLLOWING UPPER ABDOMINAL SURGERIES IN TERTIARY CARE CENTRE”.

DEPARTMENT: ANAESTHESIA

NAME OF THE CANDIDATE: DR. PRASANTHI YANDAVA, 201420360

DEGREE AND SUBJECT: MD ANAESTHESIA

NAME OF THE GUIDE: DR. CHITRA SRINIVASAN

OBJECTIVES:

PRIMARY OBJECTIVE: Assessment of efficacy of current modalities of analgesia in elective open upper abdominal surgeries.

SECONDARY OBJECTIVE: To study the unwanted side effects associated with analgesic administration.

SETTINGS AND DESIGN: A Prospective observational study conducted at a tertiary care centre.

MATERIALS AND METHODS: Patients who underwent elective open abdominal surgeries were included. Their pain scores were assessed twice daily using Universal pain assessment tool , for the next consecutive 48hrs and all the corresponding data was collected. It broadly involved demographics, ASA grade, proposed surgery, co morbidities, Post operative analgesic strategy, rescue analgesics; side effects

associated with analgesics were documented. Data was analysed using SPSS 18.0 software. The mean (sd) and median of pain score among each mode of analgesia is presented along with error plots.

RESULTS: Data was collected on 97 patients out of which 24% of patients underwent Gastrectomy, another 24% underwent Open incisional hernia repair and 17% had laparotomy. Epidural analgesia was used in 63 patients, 11 patients received intermittent opioids through subcutaneous route, continuous morphine infusion was administered in 13 patients either using standard syringe pumps in 8 patients and through elastometric pumps (Dosifuser) in 5 patients. Wound infiltration with local anaesthetics was used for 5 patients, other 5 patients received a combination of Paracetamol and NSAIDs.

CONCLUSION: Epidural analgesia was found to be highly effective for postoperative pain relief, as were systemic opioids administered as continuous intravenous infusion through elastometric pumps and through subcutaneous route. The low median pain scores recorded in our patients, most of who received epidural analgesia, emphasized the importance of this modality in upper abdominal surgeries. However, the incidence of moderate pain on the first postoperative day indicates that there is room for improvement. A multimodal analgesic approach which is concurrent application of analgesic pharmacotherapy with neuraxial or regional technique is highly recommended.

KEYWORDS: Analgesic efficacy, Post operative pain management, Upper abdominal surgery, Epidural analgesia.